

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/585722

FILING DATE

**CLAIMS**

	AS FILED		AFTER		AFTER	
			1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.	30		34			
TOTAL CLAIMS	31		36			

	AS FILED		AFTER		AFTER	
			1 <sup>st</sup> AMENDMENT		2 <sup>nd</sup> AMENDMENT	
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